## Team huddle checklist

Use this modifiable checklist to lead your team through efficient, effective huddles at the beginning of the clinic day or session.

Date:	Start time:		
Huddle lead	der:		
Team mem	bers in attendance: Holliday's Helping Hands, LA Family Housing, LA County		
Check in w	ith the team		
	How is everyone doing?		
	Are there any anticipated staffing issues for the day?		
HOW MAN	NSUS IN FACILITY Y ADMISSIONS ARE PLANNED FOR TODAY? Y DISCHARGES ARE PLANNED FOR TODAY?		
	Review today's schedule		
	Same day Urgent care visits OR Doctor visits requested		
	Determine any special patient needs for day     Patients who may require a health educator, social work or behavioral health today?		
	Any special request from clients (i.e. marijuana, alcohol request, etc.)?		
	Did any patient have a room switch? Explain.		
	Any patient(s) that did not sleep that night or had a difficult night?		
	Any incident(s) that happened overnight that need to be reported?		
	Any patient(s) sent to the hospital? Why?		
	Any incident that happened with a patient and staff or patient and patient?		

•	Any unfinished job that needs to be done?	
•	Did any patient refuse care from staff or exhibit any behaviour issues?	
•	Was anything found on patient(s) when searched upon admission and/or during stay	
•	Patient(s) refusing to eat all day or skip meals:	
•	Any new patient(s) that arrived during the shift or should be arriving?	
•	Any incident(s) that happened overnight that need to be reported?	
Identi	fy patients who need care outside of a scheduled visit	
Determine patient needs and follow up		
•	Patients pending COVID19 test results:	
•	Patients who may need refill on medications:	
Share a shout-out and/or patient compliment:		
 Share day	important reminders about practice changes, policy implementation or downtimes for the	
End o	n a positive, team-oriented note	
 •	Thank everyone for being present at the huddle.	
Hudd	le End Time:	